State Overview

HEALTHIEST WISCONSIN 2020

DHS is required by WI Statute 250.07 to develop a state public health agenda at least every 10 years. Planning for Healthiest WI 2020 (HW2020) began in 2008 and was completed in 2010. The collaborative process involves a 54-member Strategic Leadership Team appointed by the DHS Secretary, 23 Focus Area Strategic Teams and Support Teams, and Community Engagement Forums with direct links to the WI Public Health Council and the WI Minority Health Leadership Council.

The plan is grounded in science, measurement, strategic planning, quality assurance, and collaborative leadership that engage partners and promote shared responsibility and accountability across sectors. The vision for HW2020 is Everyone Living Better Longer. The overarching goals are to improve health across the lifespan and achieve health equity.

Two or more measurable objectives have been identified for each of 23 Focus Areas for HW2020.

Overarching Focus Areas: 1) Social, economic, and educational factors, and 2) Health disparities*.

Infrastructure Focus Areas: 1) Access to quality health services*, 2) Collaborative partnerships for community health improvement*, 3) Diverse, sufficient, competent workforce that promotes and protects health*, 4) Emergency preparedness, response and recovery, 5) Equitable, adequate, stable public health funding, 6) Health literacy and health education*, 7) Public health capacity and quality, 8) Public health research and evaluation*, and 9) Systems to manage and share health information and knowledge.

Health Focus Areas: 1) Adequate, appropriate, and safe food and nutrition, 2) Chronic disease prevention and management, 3) Communicable disease prevention and control, 4) Environmental and occupational health*, 5) Healthy growth and development*, 6) Mental health, 7) Oral health*, 8) Physical activity, 9) Reproductive and sexual health*, 10) Tobacco use and exposure, 11) Unhealthy alcohol and drug use, and 12) Violence and injury prevention*.

Ten pillar objectives address overarching and recurring themes: 1) Comprehensive data to track health disparities, 2) Resources to eliminate health disparities, 3) Policies to reduce discrimination and increase social cohesion, 4) Policies to reduce poverty, 5) Policies to improve education, 6) Improved and connected health service system, 7) Youth and families prepared to protect health, 8) Environments that foster health and social networks, 9) Capability to evaluate the effectiveness and health impact of policies and programs, and 10) Resources for governmental public health infrastructure.

The Title V Program has had significant input into HW2020. There is representation on the Strategic Leadership Team with input to identify the 23 focus areas representing the factors influencing the health of the public. The Title V Program advocated for the state health plan to reflect a life course approach, acknowledging the health impact of early life events and critical developmental periods as well as the wear and tear a person experiences over time. Title V staff facilitated, recorded and provided TA to support the work of 11 of the 23 Focus Area Strategic Teams including Healthy Growth and Development, Reproductive and Sexual Health, Violence and Injury Prevention, Health Disparities and others identified by an asterisk in the list above.

This work involved defining the focus area, reviewing related data, identifying key objectives, measures and rationale, and identifying science-based strategies to meet the objective. Objectives for select focus areas were also identified for the Children and Youth with Special Health Care Needs population on advice from the Title V Program.

/2012/ HW2020 Implementation Plan: 2010-2013 was developed in the fall of 2010 by the WI DHS in partnership with the Ad Hoc HW2020 Implementation Planning Team and with guidance from WI's public health system partners, including the MCH Program. The Implementation Plan identifies the strategic actions needed during the first three years of the decade to create the groundwork for achieving the goals and objectives identified in WI's State Health Plan. The Implementation Plan focuses on identifying action steps for the four components of implementation: 1) engaging partners and adopting objectives from HW2020; 2) assuring effective actions and results; 3) monitoring and reporting progress; and 4) linking

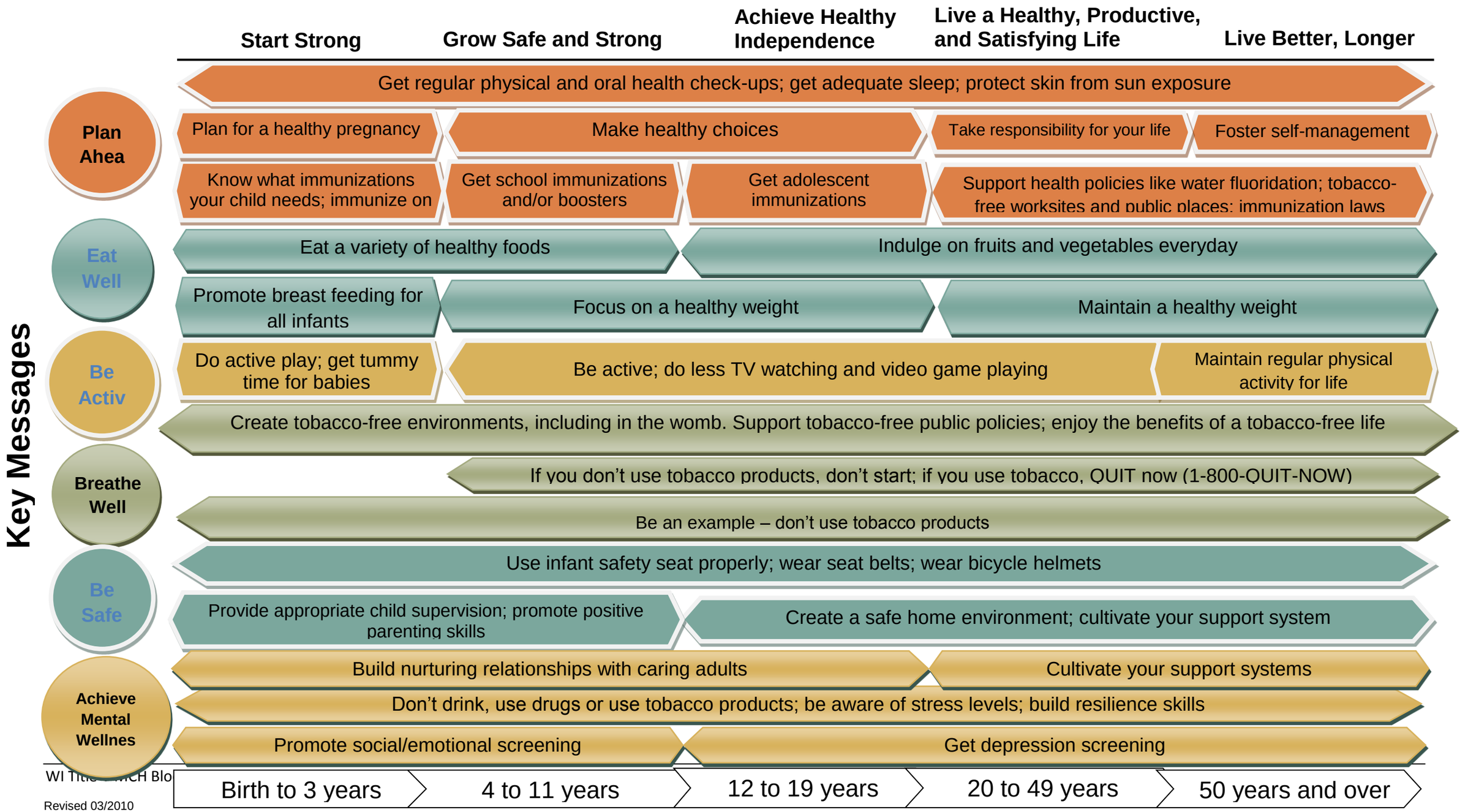
actions specific to the HW2020 Focus Areas with the Pillar Objectives. The MCH Program is taking a leadership position to stimulate engagement, share leadership, establish accountability and garner the investment of agencies, including nontraditional stakeholders, as well as align systems and sectors to improve the health of the women, children and families of WI. //2012//

/2013/ "Tracking a Decade's Progress: Summary Data for Healthiest WI 2010," was released 01/12. There were 91 total indicators for HW2010 health priority objectives with 48 (53%) showing improvement over the decade. Baseline data for the measures related to the HW2020 objectives are being collected and integrated into the WI Minority Health Program report. The MCH Program identified baseline data related to Healthy Growth and Development, Injury and Violence, Reproductive and Sexual Health and other focus areas with disability falling under the Disparity overarching focus area. //2013//

PROGRAM INTEGRATION

DPH has a 10 year plus history of advocating program integration. MCH has been an active partner since the beginning. The current DPH Program Integration Workgroup is co-chaired by MCH staff. Two years ago the life course perspective was adopted and included the development of the Healthy People at Every Stage of Life framework that incorporated 6 key messages as defined by the Bureau of Community Health Staff: Plan Ahead, Eat Well, Be Active, Breathe Well, Be Safe, and Achieve Mental Wellness. The Family Health Section (FHS) has fully incorporated this framework and the supporting key messages across all of the program areas. The 'Healthy People at Every Stage of Life Framework' follows.

HEALTHY PEOPLE AT EVERY STAGE OF LIFE FRAMEWORK: Core Messages



In addition to the internal efforts, WI is one of 6 states currently participating in a CDC Chronic Disease 3-year pilot (01/2009 to 12/2011) to help develop the future of chronic disease programming. While MCH is not an official component of the pilot, WI has incorporated MCH staff as part of the pilot leadership team with the intent of normalizing program integration across the Bureau. This approach fits with the life course perspective given that many chronic conditions share common risk factors (e.g., smoking, poor diet, lack of exercise) and by utilizing our "collective effort" we can reduce duplicative efforts and maximize efficiency of program resources. In order to have a true impact in wellness and health promotion we have to take an upstream approach and include the maternal and child health population.

/2012/ No changes. //2012//

/2013/ Program Integration continues as a bureau directed effort and is transitioning direction to allow for alignment with the WI Prevention and Health Promotion plan. The MCH population is being captured in the development of this chronic disease integration plan. //2013//

ELIMINATING RACIAL AND ETHNIC DISPARITIES IN BIRTH OUTCOMES

Eliminating racial and ethnic disparities in birth outcomes has been identified as one of the highest priorities for WI. In the recently released, HW2020, the elimination of health disparities is 1 of 3 overarching focus areas. A new objective, to reduce racial and ethnic disparities in poor birth outcomes by 2020, including infant mortality, has been created.

In 2008, 501 WI infants died during the first year of life. Of these, 315 were white and 100 were African American. The white infant mortality rate of 5.9 deaths/1,000 live births in WI was above the national Healthy People 2010 objective of 4.5 deaths/1,000 live births. Infant mortality rates for WI's racial/ethnic minority populations were much further from this objective; the African American infant mortality rate in 2006-2008 was 15.2.

During the past 20 years, infants born to WI African American women have been 3-4 times more likely to die within the first year of life than infants born to white women. Further, during the past 20 years, no sustained decline has occurred in WI's African American infant mortality rate. If African American infant mortality were reduced to the white infant mortality level, 57 of the 100 deaths would have been prevented. Compared to white infant mortality, disparities also exist among American Indian, Laotian, Hmong, and Hispanic/Latina populations, although disparities are smaller than those for African Americans.

Compared to other reporting states and the District of Columbia, WI's infant mortality ranking has worsened since 1979-1981. In 1979-1981, WI had the third best African American infant mortality rate (a rank of 3 among the 33 reporting states and the District of Columbia). In 2003-2005, WI had the third worst African American infant mortality rate, with at rank of 38 out of 39 reporting states and the District of Columbia. WI's rank based on white infant mortality rates also worsened relative to other states, moving from a rank of 5 in 1979-1981 to 13 in 2003-2005. WI's white infant mortality rate improved during the past two decades, but the improvement did not keep pace with other states.

In response to these startling statistics, WI established a statewide initiative to eliminate racial and ethnic disparities in birth outcomes. The following is an outline of the major highlights and components of this initiative:

Awareness and Promotion

• 2003--Statewide Summit: WI prioritizes racial and ethnic disparities in birth outcomes--MCH Program, other state and local MCH advocates sponsor event with national expert Dr. Michael Lu of UCLA presented lifecourse perspective on reducing disparities in birth outcomes; Healthy Babies regional action teams supported by Title V funds, and subsequent summits have been held, co-sponsored by March of Dimes and the Assoc. of Women's Health, Obstetric and Neonatal Nurses; Title V Program identifies a 1 FTE, Director of Disparities in Birth Outcomes (Patrice Onheiber)

• 2004--Milwaukee Forum: DHS/DPH host Milwaukee forum on Racial and Ethnic Disparities in Birth Outcomes with Mayor Barrett, Secretary Nelson, and Medicaid Program and expands focus of the issue to include Racine, Kenosha, and Beloit
• 2006--HRSA Community Strategic Partnership Review: HRSA brings together key partners to select infant mortality as the key population-based health indicator for collaborative state and local efforts in Milwaukee
• 2006 and ongoing--Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes: established to advise the DHS in the implementation of the initiative's Framework for Action and held town hall meetings to raise awareness, monitor progress, and promote best practices; established workgroups on communication and outreach, data, evidence- based practices, and policy and funding; committee meets 2 times/year; website provides list of participating organizations (http://dhs.wisconsing.gov/healthybirths)
• 2007--UW Partnership Funds: State Health Officer and MCH Chief Medical Officer deliver presentation in April to the WI Partnership Fund of the UW School of Medicine and Public Health; Dean Robert Golden reports to UW Regents in May that the school is willing to make a multi-year resource commitment to address the issue
• 2008-2009--Focus Groups and Social Marketing: begin community-driven social marketing efforts with state Minority Health Program funds and federal funds; national experts brought on to technical advisory group
• 2008 and ongoing--DHS Performance Measure: eliminating racial and ethnic disparities in birth outcomes selected as a department-wide performance measure and a DPH priority initiative that is tracked and monitored
• 2009--A Response to the Crisis of Infant Mortality: Recommendations of the Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes released in July 2009 (http://dhs.wisconsin.gov/healthybirths/advisory.htm)
• 2009 and ongoing--Journey of a Lifetime Campaign: DHS Secretary Timberlake launches campaign in Milwaukee and Racine; ABCs for Healthy Families and campaign are presented at MCHB Partnership meeting in Washington DC, Delaware conference, and National WIC Association conference
• 2010 and ongoing--text4baby: DPH, Title V, and ABCs for Healthy Families join National Healthy Mothers Health Babies Coalition to promote text4 baby messages for pregnant and new moms
• 2010--Legislative Study on Infant Mortality: a Legislative Council Study on Infant Mortality has been proposed, as the result of a legislative briefing on eliminating racial and ethnic disparities in birth outcomes, organized by Rep. Cory Mason of Racine at Wingspread in January 2010
• 2010--Legislative Study on Strengthening Families: a Legislative Council study will in its final year of appointment focus on early brain development co-chaired by Sen. Lena Taylor and Rep. Steve Kestell

State and Federal Funds

• 2005--Home Visiting in Milwaukee: DPH awards $4.5 million, 5-year TANF home visiting program to City of Milwaukee Health Department; by 2007, program demonstrating positive birth outcomes in 6-central city zip code area; program expanded to additional zip codes
• 2007 and ongoing--Home visiting in Racine: 2007 WI Act 20 authorizes $500,000 of GPR each biennium to reduce fetal and infant mortality and morbidity in Racine--ongoing TA provided
• 2008-2010--ABCs for Healthy Families: DHS receives $498,000 from HRSA/MCHB for First Time Motherhood-First New Parents Initiative, 2-year federal social marketing grant to reduce African American infant mortality in Milwaukee and Racine
• 2009 and ongoing--WI Partnership Funds: UW School of Medicine and Public Health announces $10 million, 5-year Lifecourse Initiative for Healthy Families (LIHF) to improve birth outcomes and reduce African American infant health disparities in Milwaukee, Racine, Kenosha, and Beloit

Statewide Collaborative Efforts

• 2003 and ongoing--Healthy Start: Title V staff participates on committees of Milwaukee Healthy Beginnings and Honoring our Children Healthy Start projects
• 2008 and ongoing--Medicaid: Title V staff collaborates with Medicaid to redesign Prenatal Care Coordination services and certification and provide recommendations for establishing a registry for high risk pregnant women
• 2009 and ongoing--WI Medical Home Pilot for Birth Outcomes: collaborate with Medicaid Program to establish a Medical Home Pilot and pay-for-performance benchmarks to reduce poor birth outcomes

among high-risk pregnant women; implement evidence-based practices recommendations and provide information on mental health and social services referrals for the new Medicaid Managed Care Organizations in southeastern WI
• 2009 and ongoing--FIMR: Title V staff are working with the LHDs in Milwaukee, Racine, and Madison/ Dane County on continuing local or establishing regional FIMRs with plans to work with Rock County
• 2009 and ongoing--UW LIHF: Title V Chief Medical Officer and Southeastern Regional Office Deputy Director are steering committee members of UW LIHF; MCH staff, including Director of Disparities in Birth Outcomes, provide ongoing technical assistance
• 2009 and ongoing--Home Visiting: jointly plan with Department of Children and Families for state and federal home visiting services, including Empowering Families of Milwaukee at the City of Milwaukee Health Department and Family Foundations home visiting services throughout the state
• 2009 and ongoing--Centering Pregnancy: DHS provided start-up funds for Centering Pregnancy prenatal care at Milwaukee Health Services and provide TA to other providers who want to promote it
• 2009-2010--Kellogg Action Learning Collaborative: support the Partnership to Eliminate Racial and Ethnic Disparities in Infant Mortality, action learning collaborative on racism and fatherhood in Milwaukee; ABCs for Healthy Families collaborate on messages for fathers
• 2009 and ongoing--PRAMS: use the Pregnancy Risk Assessment Monitoring System data to help inform MCH program priorities
• 2006 and ongoing--WI Minority Health Program: collaborate together and through HW2020 to improve birth outcomes for African American women
• 2008 and ongoing--WIC: support WIC efforts to increase breastfeeding and early enrollment for African American women participating in WIC; promote WIC services through Journey of a Lifetime campaign; presented the campaign at the National WIC conference in May 2010 in Milwaukee

See the extensive catalog of "Initiatives Addressing Disparities in Birth Outcomes in WI", compiled by the Center for Urban Population Health, April 2010 (www.cuph.org)

/2012/ Preliminary 2009 data indicate similar trends in birth outcomes among all racial and ethnic groups in WI. The Milwaukee Journal Sentinel is featuring infant mortality in its "Empty Cradles" series for 2011, to "examine the problem and point to solutions" (www.jsonline.com/news/119882229.html). New efforts for Title V include integrating the priority of eliminating racial and ethnic disparities in birth outcomes with development of the WI Healthiest Women's Initiative. //2012//

/2013/ See HSI 8A-8B. //2013//

American Recovery and Reinvestment Initiative

BCHP is a recipient of Federal stimulus dollars from the Prevention and Wellness Strategies funds totaling $10,690,350 for the two year grant period February 2010 to 2012. WI received State Supplemental-State and Territories funding for 3 components related to reducing obesity by increasing physical activity and healthy eating and decreasing tobacco use with the following focus on policies: 1) Promote statewide policy and environmental changes that focus on health behaviors including 60 minutes of daily physical activity, farm to school nutrition, and compliance with smoke free work place laws, 2) Provide state level policy change in schools and child care settings, assuring 60 minutes of daily physical activity for youth 2-18, and 3) Expand/enhance tobacco cessation services through the Quit Line. WI also received Communities Putting Prevention to Work funds to implement evidence-based policy and environmental change that will reduce obesity and promote healthy living in LaCrosse and Wood Counties. Select strategies include: increasing the availability and accessibility of healthy foods such as farm to school programs, increasing safe routes to school and decreasing screen time. A goal of the BCHP is to create an organizational culture where program integration is the norm. This approach assures that the Title V MCH Program activities will be integrated with ARRA-funded activities related to nutrition, physical activity and tobacco control services.

/2013/ Communities Putting Prevention to Work grant activities in LaCrosse and Wood counties are informing the MCH Program of successful policy, systems, organizational and environmental changes to build healthy nutrition and physical activity environments for children, youth, adults and communities. Integration opportunities are being explored with the Early Childhood Systems initiative and the WI Healthiest Women Initiative (WHWI). //2013//

Federal Health Care Reform The Patient Protection and Affordable Care Act (ACA) includes a number of MCH-related provisions. The expansion of insurance coverage to many women and children will mean that women will have coverage for preconception and interconception care and CYSHCN will have better insurance coverage. Provisions to increase access to community health centers, school- based clinics and health care homes in Medicaid offer additional opportunities for collaboration. Workforce provisions to increase the primary care and public health workforce, promote community health workers, and support training in cultural competency and working with individuals with disabilities are of special interest to Title V.

The MCH population will greatly benefit from funds to expand prevention and public health programs. Three new sections in Title V create significant opportunities to enhance MCH activities in WI.

• Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs support goals of DHS in healthy birth outcomes, maternal health, infant and child health and development, injury prevention, domestic violence prevention and substance abuse and mental health prevention and treatment. The grant builds upon and expands the reach of the MCH program's work over the last decade to implement ECCS and LAUNCH grants which support effective, integrated systems of services for young children up to age 8 across agencies in key areas of health and development including social-emotional wellness, safety, early education, and parent support and skill building.

• Personal Responsibility Education (PREP) grants to states will fund programs to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections including HIV/AIDS. Education also includes adulthood preparation subjects. These funds could be used to expand the work of the Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP) serving African American teens ages 15-19 to provide outreach and access to the Family Planning Waiver. Activities may include expansion of Plain Talk by the City of Milwaukee Health Department focusing on parent-child communication related to sexual health, and expansion of life skills development training currently provided by New Concepts.

• Services to Individuals with a Postpartum Condition and their Families grants will fund health and support services for women with or at risk for postpartum depression and postpartum psychosis. The MCH Program is positioned to apply for funds to: 1) Expand Women's Health Now and Beyond Pregnancy interconception services to include a focus on depression screening, referral and follow-up, 2) Implement a quality improvement project focused on postpartum depression with Prenatal Care Coordination Providers participating in regional provider meetings, 3) Integrate services to individuals with a postpartum condition into home visiting programs, and 4) Increase training to public health nurses and others via the new mental health certificate program, the endorsement program, and Pyramid training for social and emotional health.

/2013/ The ACA MIECHV Program is being implemented in collaboration with Department of Children and Families (DCF). The State MCH Program works closely with ECCS, ECAC, and Project LAUNCH to insure cross program collaboration. PREP is funding 6 sites (4 in Milwaukee, 1 in Racine, and 1 in Beloit) that are using Making Proud Choices and Street Smart curricula and 3 adult preparation subjects. //2013//

LEGISLATIVE INITIATIVES

A number of initiatives from the 2009-2011 Legislative Session will directly benefit the MCH population of WI:

• Cochlear Implant Insurance Mandate--Insurance companies are required to provide coverage for hearing aids and cochlear implants for children

• Newborn Hearing Screenings--All infants born in WI are required to have a hearing screening with referrals to intervention programs for hearing loss

• Autism--Disability insurance policies and self-insured health plans sponsored by the state, county, city, town, village or school district are required to cover certain services for children with an autism spectrum disorder at a minimum of $50,000/yr for intensive level services and $25,000/yr for non-intensive services; A licensure and regulation program was created for autism treatment behavior analysts

• Dental education outreach facility--$10 million in state bonding will be provided to Marshfield

Clinic to construct a facility to educate dental health professionals

• WI State Statute 253.16--Right to Breastfeed in Public was signed into law March 2010

• Clean Indoor Air Act--A comprehensive smoke-free workplace law covering all restaurants and taverns in WI will go into effect 07/06/2010

• Operating While Intoxicated--WI citizens who choose to drink and drive will face tough new penalties

• Farm to School--A statewide Farm to School Advisory Council, a statewide coordinator and grant program will support Farm to School programs, with schools accessing fresh fruits and vegetables from WI farms

• Healthy Youth Act--Schools that teach sex education are required to provide comprehensive information about abstinence and sexually transmitted infections and pregnancy prevention

strategies such as birth control and condom use

• Expedited Partner Therapy--Health care professionals are allowed to prescribe medication to treat certain sexually transmitted infections for the sexual partner of a patient without requiring an exam

• HIV--Updates to WI statutes improve HIV testing, disclosure and reporting; Testing for pregnant women will be done unless the woman opts out; a medical home pilot will be established for patients with HIV and Medicaid

• Mental Health Parity--Group Health insurance policies are required to cover addictions and mental disorders on par with other illnesses; Unlike the federal parity law, the WI bill applies to insurance policies provided by small employers as well as big companies; The measure also eliminates the minimum annual coverage requirements that insurers previously had to provide

• BadgerCare Plus Basic--See below

/2013/ The following Legislation Grid, developed by the MCH Advisory Group Policy and Action subcommittee, identifies policy changes that passed in the legislature, categorized by: 1) direct impact on MCH populations, 2) relevant to health, not necessarily MCH, 3) impact on social determinants and 4) other. //2013//

SUMMARY OF 2011 WISCONSIN LEGISLATION PASSED WHICH HAS RELEVANCE TO MATERNAL AND CHILD HEALTH

Provided to the Maternal and Child Health Advisory Committee by the MCH Policy and Action Subcommittee - June 8, 2012

Category	Bill Numbers	Description	Source for description
1-MCH	AB 242 SB 321 ACT 222	Limits the number of individual income tax check-offs; eliminates the WI Breast Cancer Research Fund.	WAWH
1-MCH	AB 337 SB 237 ACT 216	Repeal of the Healthy Youth Act (SB 237, AB 337, WI ACT 216) – WCCF opposed legislation that repeals the Healthy Youth Act. School Districts can now choose to teach abstinence only sex education, eliminating education on contraception. Senate Bill 237 – Under current law, public schools that choose to teach human growth and development in the classroom must ensure the curriculum is medically accurate, age-appropriate and comprehensive. This legislation repealed current law. Among other provisions, the bill requires school districts to emphasize abstinence-only curriculum and creates additional barriers for volunteer health care providers who want to teach human growth and development education to students. Both organizations opposed the bill for negative impact it could have on public health in WI.	WCCF; WPHA/ WALHDAB
1-MCH	AB 455 SB 353 ACT 125	Use of Seclusion and Restraint in Public Schools (SB 353, AB 455, WI ACT 125) – WCCF supported legislation that limits the use of seclusion and restraint on pupils in public schools.	WCCF
1-MCH	AB 646 SB 536 ACT 271	Prosecution for Trafficking a Child (SB 536, AB 646, WI ACT 271) – WCCF supported legislation that increased the age of prosecution for trafficking of a child from before the victim reaches the age of 24 to 45; adds to the list of crimes that a victim may be compensated for; and allows for termination of parental rights if parent commits trafficking of a child.	WCCF
1-MCH	AB 93 ACT 249	Purchase of Tobacco Products for Minors (AB 93, WI ACT 249) – WCCF supported legislation that would prohibit the purchase of tobacco products for distribution to minors. Assembly Bill 93 – Under current law, adults are prohibited from purchasing cigarettes on behalf of a minor. This legislation also prohibits adults from purchasing other tobacco products (e.g., snuff; cigars; etc.) for minors. In addition, the bill prohibits the retail sale of nicotine products (not classified as cigarettes or tobacco products) to minors and would make it illegal for minors to buy or attempt to buy nicotine products under false pretenses. Both organizations supported this bill in an effort to reduce teen tobacco use.	WCCF; WPHA/ WALHDAB

Category	Bill Numbers	Description	Source for description
1-MCH	AB 62 SB 45 ACT 86	Administration of Medication to Pupils (SB 45, AB 62, WI ACT 86) – WCCF opposed legislation that no longer requires a nurse that distributes medication to pupils to have a bachelor's degree from an approved nursing program. Under ACT 86, the school nurse can be approved by the district if he or she has successfully completed a course, determined to be satisfactory to DPI, in public health or community health.	WCCF
1-MCH	AB 259 SB 243 ACT 172	Treatments of Concussions and Other Head Injuries Sustained in Youth Athletic Activities (AB 259, SB 243, WI ACT 172) – WCCF supported legislation that creates guidelines for treating concussions and other head injuries sustained in youth athletic activities.	WCCF
1-MCH	SB 502 AB 599 ACT 181	Case Planning for Child Placed in Out-Of-Home Care (SB 502, AB 599, WI ACT 181) – WCCF supported legislation that made changes to permanency planning for a child placed in out-of-home care; including concurrent planning, trial reunifications, and planned permanent living arrangements.	WCCF
1-MCH	SB 54 Act 31	Senate Bill 54 – This bill makes it illegal to possess, manufacture or distribute synthetic marijuana and certain other synthetic substances in Wisconsin. The bill classifies these substances as Schedule I controlled substances, which are substances have a high potential for abuse, but have no currently accepted medical use. Both WALHDAB and WPHA supported this bill because these substances are frequently abused by minors.	WPHA/ WALHDAB
1-MCH	SB 204 ACT 85	Senate Bill 204 – This legislation would allow K-12 students to carry epinephrine auto injectors on school grounds or at school-related activities. The bill allows children to have immediate access to life-saving medication to prevent or alleviate severe allergic reactions. The proposal was supported by WALHDAB and WPHA to improve the safety of Wisconsin students.	WPHA/ WALHDAB
1-MCH	SB 42 AB 68 Act 81	Makes all public school employees mandatory reporters of child abuse and neglect. Mandatory reporting of child abuse or neglect by school employees; training in child abuse and neglect identification, laws, and procedures for those employees; and retaliation against a person who reports child abuse or neglect in good faith.	Act 81

Category	Bill Numbers	Description	Source for description
1-MCH	SB 306 Act 217	Senate Bill 306 – This bill requires physicians performing abortions to confirm a woman is voluntarily consenting to an abortion and is not being coerced into undergoing the procedure. A physician who determines a woman is being coerced must provide the woman with domestic abuse information and access to a phone. In addition, the bill requires physicians to give a woman a complete, on-site physical exam before providing an abortion-inducing drug. Physicians who violate certain provision of the bill would be charged with a felony. Both organizations opposed the bill due to the potential impact it could have on access to care and women's health issues.	WPHA/ WALHDAB
1-MCH	AB 154 SB 92 Act 218	Prohibits coverage of abortions through health plans sold through exchanges.	WAWH
1-MCH	AB 552 Act 282	Eliminates the statute of limitations for 1st Degree Sexual Assault and attempted 1st Degree Sexual Assault.	WAWH
2-Health	AB 477 SB 380 ACT 127	Remove the Cap on Family Care (SB 380, AB 477, WI ACT 127) – WCCF supported legislation that removed the cap on Family Care and similar programs that provide community-based long-term care. The Joint Finance Committee must review and approve expansion of Family Care into the 15 counties that don't already have it. A change that wasn't supported allows the committee to block expansion by refusing to schedule a vote. Senate Bill 380 – This bill would remove the enrollment cap and certain expansion restrictions placed on Family Care (the state's long-term care program) which were passed as part of the 2011-13 state budget bill.	WCCF; WPHA/ WALHDAB
2-Health	SB 93 ACT 35	Conceal Carry of Weapons (SB 93, WI ACT 35) – WCCF opposed legislation that allows citizens to conceal and carry weapons and firearms.	WCCF
2-Health	AB 291 ACT 164	Use of Cell Phones for Probationary Licenses (AB 291, WI ACT 164) – WCCF supported legislation that bans the use of cell phones for probationary licenses holders while driving, unless there is an emergency, and providing a penalty.	WCCF
2-Health	AB 471 SB 377 ACT 126	Change of Terminology for Those with Intellectual Disability (SB 377, AB 471, WI ACT 126) – WCCF supported legislation that eliminates the words "mentally retarded" and "mental retardation" in statutes and replaces them with "intellectual disability."	WCCF

Category	Bill Numbers	Description	Source for description
2-Health	AB 554 SB 487 ACT 189	Medicaid Payer of Last Resort (SB 487, AB 554, WI ACT 189) – WCCF supported this bill that enhanced Medicaid third-party liability claiming ability, to ensure that self-funded plans and limited benefit coverage. The Department estimates savings of between $1.1 million and $1.6 million GPR. Medicaid is truly the payer of last resort. This policy was part of the Medicaid efficiencies proposed by DHS in the fall of 2011. It would expand the state database to self-funded plans and limited benefit coverage. The Department estimates savings of between $1.1 million and $1.6 million GPR.	WCCF
2-Health	Special Session Bill: JR 1-AB 2 JR 1-SB 2	HSAs: The first bill signed by Governor Scott Walker provided tax breaks for those with health savings accounts. Despite a $49 million price tag, Republicans were eager to push for the tax breaks after previous efforts were thwarted by Democrats and former Governor Jim Doyle.	T. Strumm, WI Health News
2-Health	Special Session Bill: JR 1-AB 1 JR 1-SB 1	Malpractice reform: The Quality Improvement Act moved through both houses and onto the Governor's desk in 22 days. It includes protecting information from peer reviews from lawsuits and capping noneconomic damages for long-term care providers.	T. Strumm, WI Health News
2-Health	SB 421 Act 161	Physician assistants: Lawmakers approved new authority for physician assistants. The changes are similar to what was granted to nurse practitioners last session.	T. Strumm, WI Health News
2-Health	AB 408 SB 297	Ambulatory Surgical Centers: Originally drafted to eliminate an assessment on ambulatory surgical centers, lawmakers amended the bill to keep the assessment but provide protection if the federal government stops paying their share.	T. Strumm, WI Health News
2-Health	*AB 553 *SB 474 *ACT 192 **SB 487 **AB 554 **Act 189	*Medicaid eligibility: The Department of Health Services will enter into reporting agreements with the state's nearly 400 financial institutions to help better verify the assets of people applying for Medicaid under one bill signed by Walker. **Another, aligns state and federal law by holding self-insured health plans and pharmacy benefit managers to the same requirements as other third-party entities with respect to Medicaid reporting requirements.	T. Strumm, WI Health News
3-SDH	AB 7 SB 6 ACT 23	Voter ID – (AB 7, SB 6, WI ACT 23) – WCCF opposed legislation that Wisconsin citizens are required to provide a photo ID to vote at the polls. This legislation creates one more barrier for our most vulnerable citizens to exercise their constitutional right to vote. Due to court injunctions, a photo ID is not currently required to vote. However, appeals have been filed, and the situation could change before the election.	WCCF

Category	Bill Numbers	Description	Source for description
3-SDH	SB 147 ACT 42	Extended Unemployment Insurance Benefits (SB 147, WI ACT 42) – WCCF supported legislation that adopted a new temporary mechanism for determining when jobless workers in Wisconsin are eligible for a period of federal-funded extended unemployment benefits. WI can temporarily look back three years, rather than two, in comparing the current unemployment rates to the corresponding period in preceding years to determine whether Wisconsin meets the criteria for an extended benefits period.	WCCF
3-SDH	AB 30 ACT 87	Safe Families Act (AB 30, WI ACT 87) – WCCF opposed this legislation because when the need arises; parents should have the opportunity to delegate custody of their children to people they know and trust. However, when an agency steps into the middle of the arrangement and facilitates the placement of a child with a family who is unknown to the parents, an additional set of safeguards for child safety should be set in place. While numerous improvements were made to this legislation, it did not include these safeguards.	WCCF
3-SDH	AB 534 SB 426 ACT 202	Tougher Penalties for Violations of Public Assistance Programs (SB 426, AB 534, WI ACT 202) – WCCF opposed legislation that will punish families for intentional program violations by making it easier to disqualify people from receiving future W-2 benefits or emergency assistance and creating a graduated scale of penalties for program violations. There were a number of suggestions made to lessen the negative impact on children that were not adopted.	WCCF
3-SDH	AB 558 SB 461 ACT 166	Governor's Read to Lead program (SB 461, AB 558, WI ACT 166) – WCCF supported the grants for literacy and early childhood development, and assessing kindergarten pupils for reading readiness. However, we had concerns about the legislation because it did not include accountability provisions.	WCCF
3-SDH	AB 561 SB 466 ACT 143	Elimination of Tenants' Rights (SB 466, AB 561, WI ACT 143) – WCCF opposed this bill that prevents tenants from reporting concerns to a building inspector or elected official until they notify the landlord in writing and give the landlord time to make repairs; allows landlords to use illegal contract provisions without consequences; allows the landlord to take property left behind; eliminates the right of local cities and counties to prohibit landlords from evicting under certain circumstances (i.e., over Christmas); and deletes other tenants' rights provisions.	WCCF

Category	Bill Numbers	Description	Source for description
3-SDH	AB 240 SB 173 ACT 270	Release of Juvenile Records to Law Enforcement (SB 173, AB 240, WI ACT 270) – WCCF supports the goal of this legislation. SB173, as amended by Substitute 2, was passed and provides for the disclosure of information contained in the juvenile portion of CCAP to law enforcement officials, other courts (including municipal courts), and attorneys acting on behalf of a child/juvenile without having to get prior approval of a court operating under Chapter 48 or 938. Overall, WCCF supports the notion that parties involved should have timely access to the information they need to perform their role in the system, and the substitute bill addressed a number of WCCF's initial concerns about the breadth of information that could be obtained. However, it does not sufficiently address the mechanisms by which the information will be accessed nor does it contain other safeguards as to how that However, it does not sufficiently address the mechanisms by which the information will be accessed nor does it contain other safeguards as to how that information may be recorded so that subsequent proper use is ensured.	WCCF
3-SDH	AB 450 ACT 123	Assembly Bill 450 – This legislation requires the WI Department of Workforce Development to administer a pilot program that offers voluntary occupational raining to unemployment insurance recipients. The pilot program, which has been highly successful in other states, would allow unemployed workers to obtain on-the-job-training with potential employers without losing benefits. Both WPHA and WALHDAB supported the bill, as employment helps to reduce health disparities.	WPHA/ WALHDAB
3-SDH	AB 289 SB 202	Elimination of compensatory and punitive damages for acts of employment discrimination or unfair honesty or genetic testing – repeal of equal pay law.	WAWH
4-Other	AB 397 ACT 268	Caylee's Law (AB 397, WI ACT 268) – WCCF supported legislation, named after Caylee Anthony, that provided a penalty for failure to report a child's death or a missing child.	WCCF
4-Other	SB 15 ACT 29	Repeal of Traffic Stop Data Collection (SB 15, WI ACT 29) – WCCF opposed legislation that repealed the collection of data regarding the driver and occupants of each motor vehicle at traffic stops.	WCCF
4-Other	SB 114 ACT 220	Earmark Transparency Bill (SB 114, WI ACT 220) – WCCF supported legislation that would require biennial budget bills to be accompanied by reports listing all the earmarks in the bill.	WCCF
4-Other	SB 409 ACT 183	Workers Compensation - The Biennial Worker's Compensation Advisory Council bill requires, within 6 mos of the law's enactment, an audit of the certified databases used to determine maximum charges. It also drops the maximum fee providers can charge from 1.4 to 1.2 standard deviations above the mean charge. If the audit doesn't take place by the deadline, reimbursement bumps back up to 1.3 standard deviations.	T. Strumm, WI Health News

Category	Bill Numbers	Description	Source for description
4-Other	AB 440 SB 317 ACT 159	Electronic-prescribing: Pharmacies will now be able to dispense schedule II substances like morphine and Oxycodone with an electronic prescription from a practitioner. Before, the prescriptions had to be hand-written.	T. Strumm, WI Health News
4-Other	SB 383 ACT 160	Anesthesiologist assistants: Overcoming opposition from nurse anesthetists, anesthesiologist assistants won the right to become licensed. The bill also creates the Council on Anesthesiologist Assistants.	T. Strumm, WI Health News

Key (category):	
1-MCH	1. Directly relevant to and/or impact MCH populations
2-Health	2. Relevant to health but not specific to MCH
3-SDH	3. Related to the social determinants of health
4-Other	4. Other of potential interest and importance, but not directly related to the above categories
Key (sources):	
WCCF	Wisconsin Council on Children and Families
WAWH	Wisconsin Alliance for Women's Health
WPHA / WALHDAB	Wisconsin Public Health Association / Wisconsin Association of Local Health Departments and Boards

BADGERCARE PLUS

DHS recently implemented a number of important health care reform initiatives designed to increase access to health care for more low income WI residents. One of the most significant changes in improving access to health care in WI has been the implementation of the BadgerCare Plus program (http://dhs.wisconsin.gov/badgercareplus) to include a wider group of eligible participants.

BadgerCare Plus is WI's Program for Title XIX (Medicaid) and Title XXI (SCHIP) for children, providing health insurance coverage for all children up to age 19, regardless of income; for pregnant women with incomes up to 300% of the federal poverty level; for parents, caretaker relatives, and other adults with qualifying incomes. See (http://dhs.wisconsin.gov/badgercareplus) for a complete description of those eligible.

According to the two-year average comparison based on national census data from 2006-2007, WI had the second lowest uninsured rate for children at 5.3% and the third lowest uninsured rate for the non-elderly population (0-64 years) at 9.6%. However, census data from 2008 released 9-09 indicates that WI slipped to fourth place for the overall rate of uninsured, behind Massachusetts, Hawaii, and Minnesota.

According to the 2007 WI Family Health Survey:

- 91% of WI residents were covered by health insurance for the entire year
- 5% had no coverage for the entire prior year and of those, 90% were childless adults
- Significant decrease in the rate of uninsured from 8% in 2006 to 6% in 2007
- Percentage of children 0-17 uninsured all year decreased from 4% in 2006 to 2% in 2007
- Over 99% of the elderly have coverage
- African American, Hispanic and American Indian adults, ages 18-64, were more likely to be uninsured than were non-Hispanic white adults of the same age group
- 9% of children 0-17 living in poor or near-poor households were uninsured for part or all of the past year, compared to 3% of children in non-poor households

In February 2008, the BadgerCare Plus program expanded coverage to all uninsured children and increased the program income limits for pregnant women, parents, and self-employed residents. Since then there has been an enrollment increase in WI's Medicaid program and Children's Health Insurance Program (CHIP) of 137,522 individuals.

More recently, the BadgerCare Plus Core Plan was implemented for low-income, childless adults without health insurance. As of 10/09/2009, over 32,000 childless adults have been enrolled in the Core Plan. Because the number of applications submitted exceeds the available funding, DHS suspended enrollment on October 9 and established a waitlist. In the 2010 Legislature, a proposal to implement a self-funded Basic Plan for those on the sizable Core Plan waiting list was enacted into law. The Legislature approved the basic plan which BadgerCare Plus officials hope will serve as a bridge to the more comprehensive coverage options offered by the enactment of national health systems reform.

In addition, DHS is in the process of expanding the Family Care entitlement program statewide and recently implemented the Long Term Care Partnership Program to allow moderate income consumers access to affordable long-term care insurance regardless of assets. DHS is planning to eliminate the "asset limit" for blind and disabled children who are in need of Medicaid long-term care.

State legislation was recently enacted to increase the maximum age for dependent coverage. Beginning January 1, 2010, adult children will be able to stay on their parents' health insurance plan until they reach age 27, regardless of their school status.

While the expansion of BadgerCare Plus is a significant improvement for low income residents of WI, it does not address the underinsured or the adult population with income above program limits. It also does not address the rising cost of insurance premiums or the decreasing rate of employer sponsored insurance.

ACCESS is a set of online tools developed by DHS (https://access.wisconsin.gov/access), for public assistance programs, including FoodShare, Healthcare, Family Planning Waiver, and Child Care, that allows customers and prospective customers to assess eligibility for programs, check case benefits and report case changes and online program application. For many, this is an appealing alternative to office visits and phone calls. Although they may not own a personal computer, a growing number of customers do have access to computers -- through friends or family, at work, at school or at the library. Others use online tools with the help of staff/volunteers at food pantries, clinics, HeadStart programs, Community Action Agencies, WIC clinics, Job Centers, etc.

The goals of the ACCESS project are to:

- Increase participation in FoodShare, Medicaid, and other programs
- Improve customer service and satisfaction
- Improve FoodShare payment accuracy
- Ease workload for local agencies

Some of the key features of ACCESS are:

- Design was based on direct input from customers. More than 15 focus groups and design review sessions were undertaken with low-income residents of WI
- Friendly, encouraging text written at a 4th grade reading level
- Personalized pages, results and next steps
- Quick, simple, intuitive navigation
- Assurance about privacy. Some are nervous about giving personal information online

The major components of ACCESS are:

- Am I Eligible? -- A 15-minute self-assessment tool for:
  * FoodShare
  * All subprograms of Medicaid
  * SeniorCare and Medicare Part D
  * Women, Infants and Children (WIC)
  * The Emergency Food Assistance Program
  * School meals and summer food assistance
  * Tax credits (EITC, Homestead and Child Credit)
  * Home Energy Assistance
- Check My Benefits -- An up-to-date information segment (begun 09/30/2005) that includes:
  * Medicaid, FoodShare, SeniorCare, Child Care, SSI Caretaker Supplement benefits
  * Information based on why customers call their workers
  * Provides data directly from CARES (automated eligibility system)
  * Data is "translated" to make it more understandable
  * Data is furnished real time at account set-up, and is then updated nightly
- Apply For Benefits -- An online application for FoodShare, Medicaid, the Family Planning Waiver program, and Child Care

/2012/ The Governor's budget calls for a $500 million cut from WI's Medicaid Programs over two years which may include changes in eligibility and services. Elimination of family planning only services for men is also proposed. Recent legislation gives the DHS Secretary the ability to make changes to the program. In March 2011, 460,887 children and 18,887 pregnant women were enrolled in BadgerCare Plus, an increase of 150,850 children and 3,251 pregnant women since mid-January 2008. As of March 19, 2011, DHS is no longer signing up new members in the BadgerCare Plus Basic Plan although it will continue to serve those already enrolled. The Basic monthly premium is also increasing to $200 starting with the payment due May 5 for June 2011 coverage. //2012//

/2013/ Certain Medicaid changes in eligibility and services were approved 4/27/12 by CMSO. These changes will affect income-eligible non-pregnant, non-disabled adults above 133% of the Federal Poverty Level ($25,390 for a household size of three) and do not apply to children. Beginning July 1, 2012, there will be changes to:

• Monthly premiums (depending on income)--Some members will be required to pay premiums and those who already do may see increases to their existing premiums. Individuals who do not pay their premium will not be eligible for 12 months.
• Rules regarding access to employer-sponsored health insurance--Individuals described who have access to affordable health insurance through their employer will be asked to utilize that coverage rather than the publicly funded option.
• Retroactive eligibility--Members described above will no longer be eligible for three months of backdated eligibility.

Family planning-only services for men continue at this time. In March 2012, 422,887 children and 18,447 pregnant women were enrolled in BadgerCare Plus. See also HSCI #6A and #6B for proposed eligibility changes and (http://legis.wisconsin.gov/lfb/publications/Miscellaneous/Documents/2012_01_26_WILeg_MA.pdf) for a memorandum that summarizes the current status of WI's Medical Assistance Program. //2013//

DATA SYSTEMS

The State Systems Development Initiative (SSDI) Program carries out activities identified as essential in improving data capacity for the Title V MCH Program: 1) providing leadership to the needs assessment process, 2) assuring availability and utilization of data to drive MCH work at the local, regional and state levels and across stakeholders, 3) linkage activities such as the Newborn Health Profile, and 4) increasing access to and strengthening use of MCH related data within the framework of the strategic planning process. The MCH program staff administers and supports several data systems including SPHERE, PRAMS, WE-TRAC, and WBDR.

SPHERE: a web-based Secure Public Health Electronic Record Environment for collecting data for MCH, CYSHCN, and Family Planning/Reproductive Health; developed in 2002 and released 8/2003. SPHERE is a comprehensive system to document and evaluate public health activities and interventions at the individual, household, community, and system level. It utilizes 18 interventions as the framework for the system based on the "Intervention Model" (Minnesota Wheel) to document services provided. These interventions include: Surveillance; Disease and Health Event Investigation; Outreach; Case-Finding; Screening; Referral and Follow-up; Case Management; Delegated Functions; Health Teaching; Counseling; Consultation; Collaboration; Coalition Building; Community Organizing; Advocacy; Social Marketing; Policy Development; and Policy Enforcement. Subinterventions are associated with each Intervention and some include detail screens. There are currently 1,484 SPHERE users (active and inactive) representing 159 local organizations including all LHDs, Regional CYSHCN Centers, private not-for-profit agencies, private agencies including hospitals and clinics, and tribal health centers. Currently there are 238,143 clients in SPHERE and 963,464 activities. In 2009, SPHERE was used to document public health activities on 52,081 unduplicated clients with 153,488 Individual Public Health Activities; 2,790 Community Activities, and 1,494 System Activities.

Public health services provided to individual clients are reported as a snapshot in time. The Infant Assessment Summary Report based on infant assessments entered into SPHERE tells how many infants are being breastfed, sleeping in the back position, up-to-date on immunizations and well-child exams, and use a car seat. These data allow an agency to evaluate services that are being provided and the outcomes of those services. SPHERE required data is used for reporting the number of unduplicated clients served by the Block Grant and some outcome data.

DPH collaborates with the Office of Policy and Practice, Vital Records to use SPHERE to transmit confidential birth record reports to LHDs. Leveraging the existing security infrastructure of SPHERE ensured that access to birth records was restricted to only those individuals with assigned permissions and only those records for their particular jurisdiction. Recent enhancements to SPHERE include populating birth record data to the Postpartum and Infant Assessment screens. In 2005, a governance structure for the DPH Public Health Information Network (PHIN) was established. PHIN consolidates multiple systems into one initiative using a common set of functions. PHIN is the platform for integrated public health data in WI. SPHERE is a Program Area Module within the PHIN.

SPHERE enhancements planned are: transfer of data from WIC into SPHERE, testing linkage of SPHERE birth record files and newborn hearing screening, additional reports and screens to support Title V Block Grant activities and address the recent findings of the MCH Needs Assessment, documentation and evaluation in SPHERE for services related to the Milwaukee Home Visitation Program, other Home Visiting Programs, and Medicaid billing.

SPHERE user groups exist in all 5 DPH regions, the MCH Central Office and CYSHCN Regional Centers. The statewide SPHERE Lead Team meets quarterly. A monthly WisLine web training is held featuring recent changes and enhancements to SPHERE.

MCH data sheets comparing annual state, regional, and local data are developed and updated yearly highlighting MCH priority areas, e.g. PNCC, Reproductive Health, Child Passenger Safety Seats, Infant Assessments, and Developmental Assessments. Home Visitation Projects are piloting handheld devices using the ASQ, ASQ:SE, HOME Inventory, and Home Safety Assessment tools. Data on these tools is entered in the home on the handheld device and uploaded to SPHERE.

PRAMS--Pregnancy Risk Assessment Monitoring System: In April, 2006, WI was awarded a five year PRAMS grant by CDC. African American women are oversampled because their infant mortality rates have been identified as being higher than white infant rates. WI PRAMS surveys a random sample of moms who have had a live birth, stratified by White, non-Hispanic; Black, Hispanic/Latina; and, Other, non-Hispanic. Activities over the five years of the grant include: establishing data-sharing agreements with Medicaid and WIC to obtain telephone numbers; steering committee meetings; establishing survey mailing procedures; submission of revised protocols to CDC for approval; multiple presentations and outreach activities to WI PRAMS partners including WIC and prenatal care providers; analysis of data; and presentations such as "What Moms Tell Us" provided at the statewide Healthy Babies Summit and Association of Women's Health, Obstetric, and Neonatal Nurses Conference, October 2009. PRAMS results provide stark evidence of major disparities in household income, postpartum depression, co-sleeping practices, and pregnancy intention. The weighted response rate was 68.7% in 2007 and 66.1% in 2008. (See Table 1)

Table 1 - Wisconsin PRAMS Weighted Response Rates

Race/ethnicity	2007	2008
White, non-Hispanic	76.3%	72.4%
Black, non-Hispanic	36.6%	35.4%
Other	53.2%	56.8%
Total	68.7%	66.1%

/2013/

Table 1 - Wisconsin PRAMS Weighted Response Rates

Race/ethnicity	*2009*	*2010*
White, non-Hispanic	*73.2%*	*66.6%*
Black, non-Hispanic	*35.1%*	*29.9%*
Other	*52.2%*	*51.7%*
Total	*65.9%*	*60.5%*

//2013//

WI Birth Defects Registry (WBDR): The WBDR is a secure, web-based system that allows reporters to report one birth defect case at a time or upload multiple reports from an electronic medical records system. Reporters may also submit a paper form to the WBDR state administrator for inclusion in the registry. The WBDR collects information on the child and parents, the birth, referral to services, and diagnostic information for one or more of 87 reportable conditions. From mid-2004 through December 31, 2009, the WBDR received 2,652 birth defect reports from 68 organizations. In 2010, it is expected that 2 large health systems will begin submitting reports from their electronic medical records. The WBDR is piloting a transfer enhancement ascertainment pilot with Children's Hospital of WI and the Medical College of WI to transfer congenital heart defects. The WBDR will participate in an Environmental Public Health Tracking project funded by the CDC to the Bureau of Environmental and Occupational Health that will attempt to match birth defects to known environmental hazards (http://dhs.wisconsin.gov/health/children/birthdefects/index.htm).

WE-TRAC (WI Early Hearing Detection and Intervention (EHDI) Tracking Referral and Coordination): is a web-based data collection and tracking system created through a partnership between WI Sound Beginnings and State Lab of Hygiene (SLH). The system is used regularly by 350 users, including birth unit staff, midwives, nurses and audiologists. WI Sound Beginnings, the state's EHDI program, also uses WE-TRAC to ensure that every newborn has a hearing screening by 1 month of age, and if needed, receives diagnostic services by 3 months of age, and is enrolled in early intervention by 6 months of age. Ninety-eight percent of birth hospitals in the state use WE-TRAC and have the ability to make electronic referrals, transfer cases from one organization to another, and systematically transfer responsibility for follow-up care. The system also tracks organization specific information and statewide aggregate information.

/2012/ The data systems discussed continue to provide important information about the MCH populations. Additionally, the first module of the WI Statewide Vital Records Information System (SVRIS) which includes births and fetal deaths is now live as of 01/03/2011. Training has occurred throughout the spring and it is anticipated that the statewide electronic system will be fully adopted by 04/05/2011. The SVRIS will allow more timely data to be available to the MCH Program and partners from the previously utilized paper-intensive process. //2012//

/2013/ 100% of birth hospitals now utilize the WE-TRAC system and the pool of users continues to expand. WE-TRAC also now collects information from SVRIS in order to assure every baby born in WI is screened for hearing loss.

Enhancements have been made to SPHERE to capture data and information on the Early Childhood Systems work done by MCH funded projects. These enhancements include the MCH Core Competency Assessment Tool and the Partnership Tool for the WI Healthiest Families Initiative (WHFI). The MCH Core Competency Tool is completed as an agency assessment of 29 competencies in 12 domains and includes skill level, methods used to develop the competency, application to their work, and TA requests. The Partnership Tool collects information on all partner representations and contributions. SPHERE is used to collect data on indicators for the MIECHV benchmarks. Several enhancements are being made to SPHERE to measure these benchmarks.

Data collection and its analysis are important for WI's Title V Program to continue its collaboration with many DHS initiatives including, but not limited to: HW2020, the state health plan, the Minority Health Program (and its upcoming report), and WI Healthiest Women Initiative.

The public access on-line system WI Interactive Statistics on Health (WISH): available at: (www.dhs.wisconsin.gov/wish) has data modules for birth counts, teen births, injury mortality and hospitalization, BRFSS, population, and cancer; most of the modules may be analyzed by many variables, including, geography, age, sex, and race/ethnicity.

PRAMS began its second 5-year funding cycle from the CDC on 5/1/12 (the project period ends 4/30/16). PRAMS data informed the WHWI. PRAMS fact sheets on depression and safe sleep were developed. //2013//

PRINCIPAL CHARACTERISTICS OF WISCONSIN

For the 2011 Title V Block Grant Application, the information is adapted from the following data sources: 1) U.S. Census Bureau, American Fact Finder, 2006-2008 American Community Survey (http://factfinder.census.gov), 2) U.S. Census Bureau, 2008 American Community Survey (www.census.gov/acs), 3) WI Dept. of Administration, Demographic Service Center's 2009 Final Estimates Summary, 4) State of WI, 2007-2008 Blue Book, compiled by the WI Legislative Reference Bureau, 2007, 5) Anne E. Casey Foundation Kids Count Online Data (www.aecf.org/kidscount/data.htm), 6) WI Dept. of Health Services (DHS), Division of Public Health (DPH), Office of Health Informatics (OHI), WI Infant Births and Deaths, 2008 (P-45364-08). Nov. 2009, 7) WI DHS, DPH, OHI, WI Deaths, 2008 (P-45368-08). Oct. 2009, 8) WI DHS, DPH, OHI, WI Health Insurance Coverage, 2008 (P-45369-08). Dec. 2009, 9) WI DHS, DPH, OHI, WI Interactive Statistics on Health (WISH) data query system, (www.dhs.wisconsin.gov/wish/), 10) WI Council on Children and Families (www.wccf.org), 11) Center on

WI Strategy (COWS), (www.cows.org), and 12) U.S. Bureau of Labor Statistics, Regional and State Employment and Unemployment Summary (www.bls.gov/news.release).

/2012/ No significant change. //2012//

/2013/ No significant change. //2013//

Population and Distribution

WI's population estimate on November 1, 2009, was 5,688,040, a change of 6% from the 2000 census, according to the WI Dept. of Administration.

Although WI is perceived as a predominantly rural state, it is becoming increasingly urbanized as reflected by changes from the 2000 census to 2009 population estimates. Of WI's 72 counties, there were 9 with a population over 150,000; Milwaukee County was the only one of these counties to have a negative percent population change from 2000 to 2009. Eleven counties grew significantly since the 2000 census; Dane County (where Madison, the state capitol, is located) was the 2nd largest county and also experienced 11.0% growth since 2000. There are 13 municipalities with populations over 50,000, ranging from the City of Milwaukee (population 584,000) to Sheboygan (50,400). The majority of these cities are clustered primarily in the south central (Madison, Janesville, Beloit), southeast (Waukesha, Milwaukee, Kenosha, Racine) and along Lake Michigan, the Fox River Valley (Appleton, Oshkosh, Green Bay, Sheboygan). The others are in central (Eau Claire) and west central (LaCrosse) WI. According to the 2008 Family Health Survey estimates, 11% of the state's household population lives in the City of Milwaukee, 60% lives in the balance of Milwaukee County and the other 24 metropolitan counties, and 28% lives in the 47 non-metropolitan counties. Despite this strong growth in major metropolitan areas, the City of Milwaukee has experienced a loss of almost 13,000 residents during the 2000s; Milwaukee County decreased by more than 8,000 persons.

/2012/ In 2009, WI's official population was 5,679,639. //2012//

/2013/ In 2010 according to the US 2010 Census, WI's official population was 5,686,986, an increase of 6% from 2000. //2013//

Population Demographics

Sex and age: According to the 2006-2008 American Community Survey, females make up 50.3% of the state's population, the median age was 37.9 years, the estimate for number of children under age of 18 was 1,317,847 or about one-fourth of the state's population, and 13% were 65 years and older.

Race and ethnicity: The 2000 census was the first year that census respondents were allowed to identify themselves as being more than one race. About 1.2% of WI individuals selected multiple races. The most recent estimates (2006-2008) indicate that 1.4% of WI residents reported two or more races; although this change is not significant, it does represent the changing dynamics of WI's population. (See Table 2)

Table 2 - Percent estimates for Wisconsin's race and ethnic classifications for 2005-2009

Race	Percent	Race	Percent
Total Population	**100.0***	**Two or More Races**	**1.4***
One race	98.6	White & Black or AA	0.4
White	87.6	White & Am Ind & Alaskan Native	0.4
Black or African American	5.9	White & Asian	0.2
American Indian & Alaskan Native	0.9	Black or AA & Am Ind & Alaskan Native	0.1
Asian	2.0		
Nat Haw & Other Pac Islander	0.0		
Some other race	2.1		

Hispanic or Latino	Percent	Hispanic or Latino and Race	Percent
Total Population	**100.0**	**Not Hispanic or Latino**	**95.1***
Hispanic or Latino (or any race)	4.9	White alone	85.2
Not Hispanic or Latino	95.1	Black or African American alone	5.8
		Amer Indian & Alaskan Native alone	0.8
		Asian alone	2.0
		Other	2.4

*Percentages may not add up due to rounding of estimates.

/2013/

Table 2 - Percent estimates for Wisconsin's race and ethnic classifications for 2010.[1]

Race	*Percent*	*Race*	*Percent*
Total Population		*Two or more races*	*1.8*
One race	*98.2*	*White & Black or AA*	*0.6*
White	*86.2*	*White & Amer Ind & Alaskan Native*	*0.4*
Black or African American	*6.3*	*White & Asian*	*0.3*
American Indian & Alaskan Native	*1.0*	*White & some other race*	*0.3*
Asian	*2.3*		
Nat Haw & Other Pac Islander	*0.0*		
Some other race	*2.4*		

Hispanic or Latino and Race	*Percent*	*Hispanic or Latino and Race*	*Percent*
Total Population	*100.0*	*Not Hispanic or Latino*	*94.1**
Hispanic or Latino (of any race)	*5.9*	*White alone*	*83.3*
Not Hispanic or Latino	*94.1*	*Black or African American alone*	*6.2*
		Amer Ind & Alaskan Native alone	*0.9*
		Asian alone	*2.3*
		Other	*1.5*

[1] Census questions wording changed in 2010, and changes may be due to methodological differences.
Percentages may not add up due to rounding of estimates.* *//2013//***

/2012/ No significant change. //2012//

/2013/ Females made up 50.4% of the state's 5,686,986 population, the median age was 38.5 years, the number of children under the age of 18 was 1,339,492, or 23.6% of the state's population, and 13.7% were 65 years and older. //2013//

Employment and Poverty

In 2004, WI's unadjusted unemployment rate was 4.9%, compared to the U.S. rate of 5.5%. Since then, according to the Bureau of Labor Statistics in 2009, WI's 2009 unemployment rate was 8.5%, compared to the U.S. rate of 9.3%. However, these rates do not reflect the U.S. economic crisis since the fall of 2007. In March 2009, WI's unemployment rate jumped to its highest rate in 26 years, 9.4%, passing the national rate of 9.0%. The decline of the auto industry has hit WI especially hard after General Motors closed plants in Beloit and Janesville. In March 2010, the Metropolitan Statistical Areas of Janesville, Racine, Sheboygan, and Wausau had unadjusted unemployment rates of 12.8%, 11.5%, 10.0%, and 10.6% respectively. In the City of Milwaukee, estimates show that almost 50% of African American men are unemployed. WI women comprise less than 50% of the state's workforce, but they make up 55% of the state's working poor, those in households with income below the federal poverty level. Although there are a few signs of economic recovery in WI, such as slight gains in the manufacturing sector, the employment picture is stagnant. As families struggle, minorities carry the burden of poverty as recent estimates from the 2008 American Community Survey show. (See Table 3)

Table 3 - Percent estimates of WI's population and children in poverty, 2008.

	Percent in poverty	Percent of children aged 0-17 in poverty
Total	10.4	13.3
White	8.1	8.7
Black	32.1	41.9
Am Ind	24.1	35.1
Asian	15.3	12.4
Hispanic	19.7	23.2
Two or more races	18.7	19.4

/2013/

Table 3 - Percent estimates of WI's population and children in poverty, 2010. *(Updated 09/2012)*

	Percent in poverty	*Percent of children aged 0-17 in poverty*
Total	*13.2*	*19.1*
White	*9.8*	*12.2*
Black	*38.5*	*53.3*
Am Ind	*28.8*	*43.9*
Asian	*21.1*	*22.5*
Hispanic	*27.6*	*34.7*
Two or more races	*28.0*	*30.8*

//2013//

/2012/ In March 2011, WI's unadjusted unemployment rate was 8.1%, compared to the U.S. rate of 9.1%. //2012//

/2013/ In March 2012, WI's seasonally adjusted unemployment rate was 6.9%, compared to the U.S. rate of 8.2%. //2013//

Furthermore, WI PRAMS data indicate significant disparities for household income. (See Table 4)

Table 4 - Percentage of Wisconsin mothers who report less than $10,000 and more than $50,000 per year before taxes, 2007-2008

Race/ethnicity	Less than $10,000	More than $50,000
White, non-Hispanic	10	49
Black, non-Hispanic	48	6
Hispanic/Latina	32	5
Other, non-Hispanic	22	28

Source: Wisconsin Pregnancy Risk Assessment Monitoring System 2007-2008, Bureau of Community Health Promotion and Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.
Note: Percents do not add to 100% due to omission of mothers whose income was between $10,000 and $49,999.

/2013/

Table 4 - Percentage of Wisconsin mothers who report less than $10,000 and more than $50,000 per year before taxes, 2009-2010

Race/ethnicity	*Less than $10,000*	*More than $50,000*
White, non-Hispanic	*11*	*51*
Black, non-Hispanic	*51*	*7*
Hispanic/Latina	*32*	*12*
Other, non-Hispanic	*18*	*30*

Source: Wisconsin Pregnancy Risk Assessment Monitoring System 2009-2010, Bureau of Community Health Promotion and Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.
Note: Percents do not add to 100% due to omission of mothers whose income was between $10,000 and $49,999.
//2013//

The range by county of the percentage of children who live in poverty is wide, from the counties with the highest poverty rates for children (Milwaukee at 25.2% and Vernon at 22.0%) to the counties with the lowest poverty rates for children (Ozaukee at 5.3% and Waukesha at 4.5%).

Compared to other states, using these indicators, WI's overall rank is 10. These indicators do not reflect the significant disparities by racial/ethnic group in the state; selected indicators are discussed below using the most recent data available. (See Table 5)

Table 5 - WI Profile compared to the U.S. Kids Count Key Indicators (2006 data unless indicated)

Indicator	WI	U.S.	WI rank
Percent low birth weight babies	6.9	8.3	8
Infant mortality rate (per 1,000 live births)	6.4	6.7	22
Child death rate (deaths per 100,000 children ages 1-14)	15.0	19.0	15
Rate of teen deaths (deaths per 100,000 teens ages 15-19)	59.0	64.0	15
Teen birth rate (births per 1,000 females ages 15-17)	32.0	42.0	11
Percent of teens who are not in high school and not high school graduates (ages 16-19) (2008)	4.0	7.0	3
Percent of teens not attending school and not working (ages 16-19) (2007)	5.0	8.0	3
Percent of children living in families where no parent has full-time, year-round employment	29.0	33.0	12
Percent of children of children in poverty (income <$21,027) for a family of 2 adults and 2 children (2008)	13.0	18.0	14
Percent of families with children headed by a single parent (2008)	29.0	32.0	18

/2012/

Table 5 - WI Profile compared to the U.S. Kids Count Key Indicators (2008 data unless indicated). (Updated 05/2011)

Indicator	WI	U.S.	WI rank
Percent low birth weight babies	7.0	8.2	13
Infant mortality rate (per 1,000 live births) (2007)	6.5	6.8	19
Child death rate (deaths per 100,000 children ages 1-14) (2007)	19.0	19.0	19
Rate of teen deaths (deaths per 100,000 teens ages 15-19) (2007)	64.0	62.0	24
Teen birth rate (births per 1,000 females ages 15-17)	31.0	41.0	11
Percent of teens who are not in high school and not high school graduates (ages 16-19) (2009)	4.0	6.0	3
Percent of teens not attending school and not working (ages 16-19) (2009)	6.0	9.0	2
Percent of children living in families where no parent has full-time, year-round employment (2009)	27.0	31.0	14
Percent of children of children in poverty (2009)	17.0	20.0	18
Percent of families with children headed by a single parent	30.0	34.0	12

//2012//

/2013/

Table 5 - WI Profile compared to the U.S. Kids Count Key Indicators (2009 data unless indicated). *(Updated 05/2012)*

Indicator	***WI***	***U.S.***	***WI rank***
Percent low birth weight babies	*7.0*	*8.2*	*14*
Infant mortality rate (per 1,000 live births) (2008)	*7.0*	*6.6*	*29*
Child death rate (deaths per 100,000 children ages 1-14) (2008)	*18.0*	*18.0*	*21*
Rate of teen deaths (deaths per 100,000 teens ages 15-19) (2008)	*52.0*	*58.0*	*14*
Teen birth rate (births per 1,000 females ages 15-17)	*14.0*	*20.0*	*10*
Percent of teens who are not in high school and not high school graduates (ages 16-19) (2010)	*4.0*	*6.0*	*5*
Percent of teens not attending school and not working (ages 16-19) (2010)	*7.0*	*9.0*	*11*
Percent of children living in families where no parent has full-time, year-round employment (2010)	*30.0*	*33.0*	*16*
Percent of children of children in poverty (2010)	*19.0*	*22.0*	*22*
Percent of families with children headed by a single parent (2010)	*31.0*	*34.0*	*16*

Compared to other states, using these indicators, WI's overall rank in 2011 was #12.
//2013//

/2013/ Compared to other states, using these indicators, WI's overall rank in 2011 was #12. //2013//

Vital statistics: Births to single mothers have increased slightly from 25% in 1991, 27% in 1993 and 1995, and 28% in 1996 and 1997 to 31% in 2003, and 37% in 2008. The marriage rate in 2010 was 5.3/1,000 total population, lower than the 2007 rate of 5.6, and lower than the U.S. provisional marriage rate of 7.0 for the 12 months ending in June 2009. The divorce rate in 2008 was 2.9/1,000, lower than the rate of 3.0 in 2007. Fifty-three percent of WI divorces in 2008 involved families with children under 18 years of age. In 2008, there were 46,526 deaths in WI for a rate of 8.2/1,000 population, slightly lower than recent years; this rate is similar to the U.S. rate. In 2008, there were 9 maternal deaths.

/2012/ In 2009, 38% of births were to single mothers, compared to 30% in 1999. WI's marriage and divorce rates remained about the same with only slight changes that were not significant. In 2009, there were 45,598 deaths in WI for a rate of 8.0/1,000 the lowest rate ever in WI. In 2009, there were 13 maternal deaths; 4 more than in 2009. //2012//

/2013/ In 2010, 37% of births were to single mothers, compared to 30% in 2000. WI's marriage rate in 2010 was the same as in 2009, 5.3/1,000 population, and the divorce rate was 3.0 compared to 2.9 in 2009. In 2010, there were 47,212 deaths for a rate of 8.3/1,000 population. There were 11 maternal deaths in 2010. //2013//

• Infant mortality--Often used as a measure of a society's overall well-being, infant mortality is a significant issue in WI. The overall infant mortality in 2008 7.0/1,000 live births; the White rate was 5.9, a slight increase from 5.3 in 2007, and a marked decrease from 7.2 in 1990. The Black infant mortality rate in 1990 was 19.7; in 1997 it was at its lowest for the past two decades at 13.4. Since then it has increased steadily to 18.7 in 2001. Aside from some fluctuations the 2007 and 2008 rates are the lowest of this decade; nonetheless, in 2008, the ratio of the Black infant mortality rate to White was 2.3. The Hispanic/Latino infant mortality rate for 2008 was 7.0 deaths/1,000 births to Hispanic/Latina women, compared to 6.4 in 2007 and 11.0 in 1998. The number of American Indian and Laotian or Hmong and Other Asian infant deaths are too few in a single year to calculate annual rates. The three-year average Laotian/Hmong rate for 2006-2008 was 7.2, compared to 7.6 in 2001-2003. For American Indians it was 10.1 in 2006-2008, compared to 12.9 in 2001-2003.

/2012/ WI's overall infant mortality in 2009 was 6.0 deaths/1,000 live births, compared to 7.0 in 2008 and 6.7 in 1999. The White rate was 4.9 deaths/1,000; a decrease from 5.9 in 2008 and 5.7 in 1999. The Black/African American rate was 14.3 deaths/1,000, compared to 13.8 in 2008, and 14.9 in 1999. The Hispanic/Latino infant mortality rate in 2009 was 5.5 deaths/1,000, compared to 7.0 in 2008, and 7.7 in

1999. The number of American Indian and Laotian or Hmong and Other Asian infant deaths are too few in a single year to calculate annual rates. The three-year average Laotian/Hmong rate for 2007-2009 was 7.9, compared to 7.6 in 2001-2003. The Other Asian infant mortality rate in 2007-2009 was 6.0 compared to 5.7 in 2005-2007. //2012//

/2013/ WI's overall infant mortality in 2010 was 5.7 deaths/1,000 live births, compared to 6.0 in 2009 and 6.6 in 2000. The White rate was 4.9 (the same as in 2009). The Black/African American rate was 13.9 deaths, lower than 14.3 in 2009 and 16.8 in 2000. The Hispanic/Latino infant mortality rate in 2010 was 4.4, compared to 5.5 in 2009 and 4.7 in 2000. The number of American Indian and Laotian or Hmong and Other Asian infant deaths were too few in a single year to calculate annual rates. Three-year averages for 2008-2010 are: American Indian: 7.3 compared to 15.8 in 1988-1990; Laotian or Hmong: 7.8 compared to 9.0 in 1994-1996; and Other Asian 5.6 compared to 5.3 in 2001-2003. //2013//

• Low birthweight/preterm--In 2008, 7.0% (5,051) of all births were infants with low birth weight; the rate for Black infants was 13.0%,White infants 6.3%, American Indian, Hispanic/Latinos, Laotian/Hmong, and other Asians were 8.0%, 6.3%, 7.9%, 7.0% and 6.9% respectively. In 2008, 11.1% (7,970) of infants in WI were born prematurely with a gestation of < 37 weeks. Non- Hispanic Black women had the highest percentage of premature babies 16.8%, followed by teenagers less than 18 years old 16.0%, women who were unmarried 13.5%, women who smoked during pregnancy 13.3%, and American Indian women 12.7%.

/2012/ In 2009, 7.1% of all births, slightly higher than in 2008, were infants with low birthweight; the rate for Black infants was 14.2%, White infants 6.3%, American Indian, Hispanic/ Latinos, Laotian/ Hmong and other Asians were 5.0%, 6.1%, 6.8%, and 7.9% respectively. In 2009, 10.8% (7,663) of infants in WI were born prematurely with a gestation of < 37 weeks. Non- Hispanic Black women had the highest percentage of premature babies 17.2%, followed by teenagers less than 18 years old 16.5%, women who were unmarried 12.9%, women with < a high school education 12.8%, and women who smoked during pregnancy 12.7%. //2012//

/2013/ In 2010, 7.0% of all births (slightly lower than in 2009, and the same as in 2008) were infants with low birth weight; the rate for Black infants was 13.8%, White infants 6.2%, American Indian 7.5%, Hispanic/Latinos 5.8%, Laotian/Hmong 7.4% and Other Asian 8.3%. In 2010, 10.8% of infants were born prematurely with a gestation of <37 weeks; non- Hispanic Black women had the highest percentage 17.5%, followed by teenagers less than 18 years old 14.8%, women who were unmarried 13.0%, women with < a high school education 12.8%, and women who smoked during pregnancy 12.2%. //2013//

• First trimester prenatal care--In 2008, 82.2% of pregnant women received first trimester prenatal care. The race/ethnic group with the highest rate was White women at 86.2%, followed by other Asian 82.2%, American Indian 72.5%, Hispanic/Latina 71.3%, African American 70.2%, and Laotian/Hmong 56.1%.
• Teen birth rate--In 2008, for teens <20 years, there were 6,096 births (31.3/1,000), or 8.5% of all births in WI. Teen birth rates for <20 years by race/ethnicity in WI, 1998 to 2008. (See Table 6)

Table 6 - Teen birth rates, Wisconsin, 1998 compared to 2008

Year	1998	2008*
Total	35.1	31.3
White	23.6	18.6
Black	126.8	98.3
Am Ind	78.3	99.3
Hispanic/Latina	86.8	93.1

* includes births to mothers under 15 years of age

/2012/

Table 6 - **Teen birth rates, Wisconsin, 1999 compared to 2009** (Updated 05/2011)

Year	1999	2009*
Total	35.1	29.3
White	24.4	17.7
Black	117.9	86.8
Am Ind	88.7	84.4
Hispanic/Latina	87.8	81.0

* includes births to mothers under 15 years of age

//2012//

/2013/

Table 6 - Teen birth rates, Wisconsin, 2000 compared to 2010 *(Updated 05/2012)*

Year	*2000*	*2010**
Total	*35.2*	*26.2*
White	*23.6*	*16.5*
Black	*112.6*	*72.4*
Am Ind	*84.6*	*77.9*
Hispanic/Latina	*97.6*	*58.3*
Asian	*60.9*	*30.7*

**includes births to mothers under 15 years of age*

//2013//

/2012/ In 2009, 83.4% of pregnant women received first trimester prenatal care. The race ethnic group with the highest rate was White women 86.8%, Other Asian 82.9%, American Indian 76.6%, Hispanic/Latina 74.1%, Black/African American 73.2%, and Laotian/Hmong 62.3%.

In 2009, for teens <20 years, there were 5,855 births (29.3/1,000) or 8% of all births in WI. 90% of births to teens were to single mothers. Teen birth rates <20 years by race/ethnicity in WI, 1999 to 2009. //2012//

/2013/ In 2010, 84.2% of pregnant women received first trimester prenatal care. The race ethnic group with the highest rate was White 87.7%, Other Asian 81.2%, Hispanic/Latina 74.5%, Black/African American 74.1%, American Indian 72.3%, and Laotian/Hmong 65.7%. In 2010, for teens <20 years, there were 5,147 births (26.2/1,000) or 7.5% of all births in WI. By race/ethnicity, the highest proportion of births were to African Americans 19.9%, followed by American Indian 16.5%, Hispanic/Latina 13.1%, and Laotian/Hmong at 12.3%. White and Other Asian teens had the lowest proportion of teen births at 5.0% and 3.0% respectively. //2013//

• Leading causes of death--In 2008, 54% of the leading causes of death were diseases of the heart, malignant neoplasms (cancer), and cerebrovascular diseases (stroke). For males, in 2008, accidents were the leading underlying cause of death for ages 1-44; cancer was the leading cause of death for ages 45-84. For females, accidents were the leading underlying cause of death for ages 1-25; cancer was the leading cause of death among women ages 25-84. (See Table 7)

Table 7 - Percent of top 5 underlying causes of death by race, Wisconsin, 2008

Race/Hispanic Ethnicity Underlying Cause of Death	Total	White	Black/ African Amer	Amer Indian	Asian	Hispanic/ Latino
Malignant Neoplasms	24.2	23.9	24.9	19.8	21.3	17.3
Diseases of the Heart	23.9	24.5	21.2	17.2	18.7	15.3
Cerebrovascular Diseases	5.5	5.5	5.0		7.8	4.3
Chronic Lower Respiratory Dis.	5.4	5.5	3.4	5.9		
Accidents*	5.3	5.2	3.4	8.2	7.8	16.4
Alzheimer's Disease						
Diabetes				6.5		4.1
Nephritis/Nephrotic/Nephrosis			3.4		4.5	

* ex. Med./surg. comp.

/2013/

Table 7 - Percent of top 5 underlying causes of death by race, Wisconsin, 2010

Race/Hispanic Ethnicity Underlying Cause of Death	Total	White	Black/ African Amer	Amer Indian	Asian	Hispanic/ Latino
Malignant Neoplasms	*23.9*	*23.9*	*23.6*	*20.9*	*24.0*	*21.8*
Diseases of the Heart	*23.5*	*23.6*	*22.0*	*20.4*	*15.5*	*13.3*
Cerebrovascular Diseases	*5.5*	*5.5*	*5.3*		*5.4*	*4.6*
*Accidents**	*5.3*	*5.2*	*5.8*	*9.1*	*7.0*	*12.9*
Chronic Lower Respiratory Dis.	*5.2*	*5.4*				
Nephritis/Nephrotic/Nephrosis			*3.9*			
Diabetes				*6.6*		*5.0*
Chronic Liver Disease/Cirrhosis				*4.7*		
Intentional Self-Harm					*8.1*	

** ex. Med./surg. comp.*

//2013//

/2012/ In 2009, there were 45,598 deaths of WI residents for a rate of 8.0/1,000 population, the lowest rate ever reported for WI and 928 deaths fewer than in 2008. The top five underlying causes of death by race did not change significantly for 2009. See the 'Healthy People at Every Stage of Life Framework' in Section III.A -- Overview. //2012//

/2013/ In 2010, there were 47,212 deaths of WI residents for a rate of 8.3/1,000 population, slightly higher than the rate of 8.0 in 2009. Three underlying causes of death (cancer, diseases of the heart, and cerebrovascular disease) accounted for 53% of the total deaths. For males, in 2010, the leading underlying cause of death for ages 1-44 was accidents; for men ages 45-84 it was cancer. For females, the leading underlying cause of death was accidents for ages 15-44; for girls ages 1-14 and women 45-84 it was cancer. By race/ethnicity, cancer and diseases of the heart were the two leading underlying causes of death in each race and ethnic group. //2013//